



**The Secretary for Health Services**

PAUL E. PATTON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
275 EAST MAIN STREET  
FRANKFORT 40621-0001  
(502) 564-7042

MARCIA R. MORGAN  
SECRETARY

June 11, 2003

**Home and Community Based (HCB) Waiver Transmittal #A-51**

Dear HCB Waiver Provider:

Enclosed please find the new MAP 109-HCBW, Plan of Care/Prior Authorization for HCB Waiver Services and accompanying instructions. HCB Waiver providers shall begin utilization of this form effective July 1, 2003. Please be advised that the MAP 109-HCBW will replace the current MAP-9, Prior Authorization for Health Services and the current MAP-10, Physician's Recommendation.

The Department for Medicaid Services (DMS) has enclosed a copy of the MAP 109-HCBW and the detailed instructions. Your agency may copy the blank form or download an electronic version of this form from the DMS web site. The web address is [chs.state.ky.us/dms](http://chs.state.ky.us/dms). Once you have reached this web address, click on the link to "Provider Resources", then click on the link to "2003 Provider Letters" and click the link to Provider Type 42 and follow the downloading instructions on the screen. **Any MAP 109-HCBW that has been altered from the original format of the current version as found on the above website will not be processed.**

If you have any questions regarding this letter or Home and Community Based (HCB) Waiver policy, you may contact Kristina Reece, Medicaid Services Specialist III at (502) 564-5560.

Sincerely,

Marcia R. Morgan  
Secretary

MRM/ker/tb

Enclosures

"...promoting and safeguarding the health and wellness of all Kentuckians."



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